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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *No, I.P.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None. I.P.*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>CSB</i>	Initials		

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## TITLE

Candlewick trimming device

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